

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H61449** (5)

1. Corporation Name

CORAL SPRINGS STYLING AND BARBER SHOP, INC.

Principal Place of Business

11936 NW 2 CT
CORAL SPRINGS FL 33071

Mailing Address

11936 NW 2 CT
CORAL SPRINGS FL 33071

APPROVED
AND
FILED

95 MAR 21 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/06/1985

36. Date of Last Report
03/16/1994

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **9201 SAMPLE RD**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 City & State

CORAL SPRINGS FL

28 City & State

24 Zip

25 Country

33065 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HOLBROOK, JAMES S
11936 NW 2ND CT
CORAL SPGS 33071

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ABATIello, PETER**
STREET ADDRESS **7109 N.W. 75TH ST. #16**
CITY-ST-ZIP **TAMARAC FL**

TITLE **PD**
NAME **HOLBROOK, JAMES S**
STREET ADDRESS **11936 NW 2ND CT**
CITY-ST-ZIP **CORAL SPGS FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **STEPHAN M. MARSHALL**
1.3 STREET ADDRESS **5643 NW 64 LN.**
1.4 CITY-ST-ZIP **CORAL SPRINGS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James S. Holbrook

JAMES S. HOLBROOK

3-16-95

305752433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #